| | CADET | | ON FOR ALABAMA BLACK INK ONLY | | | MPMENT | |
|--|--------------|-----------------------|-------------------------------|-------------------------|--|------------------------------------|--|
| NAME: | | | | | CAP GRADE: | CAP ID #: | |
| Address: (include city, state and zip code): | | | | | HOME | HOME PHONE NUMBER: | |
| HEIGHT (FEET, INCHES): WEIGHT (LBS.): | | RELIGIOUS PREFERENCE: | | | CELL PHONE OF PARENT | | |
| AGE: | DATE OF BIR | rth: | GENDER (CIRCLE ONE): MALE | FEMALE | SOCIAL SECURITY NUMBER (THIS NUMBER IS FOR CAP OFFICIAL USE ONLY): | | |
| T-SHIRT SIZE (CIRCLE ONE): | | S | М | L | XL XXL | | |
| UNIT NAME AN | D CHARTER NU | JMBER (Example: GV | Montgomery Composite Squa | dron SER-MS-102): | ı | 1 | |
| ANY DIETARY RESTRICTIONS? | | | | YOUR EMAIL ADDRESS: | OUR EMAIL ADDRESS: | | |
| I AM APPLYING FOR (CIRCLE ONE): CADET COMMAND STAFF | | | | CADET ST | TAFF | CADET BASIC | |
| The above named cadet is hereby granted permission to travel by military or CAP-USAF government contract aircraft for the purpose of participating in Civil Air Patrol's, the United States Air Force's, and/or Alabama/Mississippi Air National Guard's military orientation flights during the Alabama/Mississippi Encampment. Know all men by these presents whereby my child has applied for the encampment above, in consideration of the permission extended to my child by Civil Air Patrol through its officers and agents to participate in said encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, and all its officers, agents, employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, which may account for any injury or illness to my child which may occur during the Alabama/Mississippi Encampment. In addition, by my signature below, I certify the applicant: [1] is my minor child or ward [2] has no history of injury or disease which might be affected by this activity except those noted in the Medical Information section [3] will follow all rules, regulations, and directives as established by the Civil Air Patrol, the Encampment Commander, or other staff members. Failure to adhere to the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the encampment commander at my expense. I understand that I am responsible for transportation arrangement to and from the encampment. By signing this application, I hereby express my agreement with the attached Operations Order. SIGNATURE OF PARENT OR GUARDIAN: DO NOT WRITE IN THIS SPACE. FOR ENCAMPMENT USE ONLY. | | | | | | | |
| PRINTED NAME OF PARENT OR GUARDIAN: SIGNATURE OF SQUADRON COMMANDER OR DEPUTY COMMANDER FOR CADET | | | | DATE: | | ENCAMPMENT ELEVILA PER PALAESET | |
| FOR OFFICIAL USE ONLY SENIOR OFFICERS ARE NOT | | | | PERMITTED TO USE THIS F | ORM | FORM 31\AM Updated: 16 DEC 2011 | |